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David & Ruth Carey

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No. W 45841 Reinstatement Annual Report Form ADMIN DISSOLVED 03/09/2007		2. Registered Agent and Office (NOT A P.O. BOX) SHANE L. NEWTON 143 E LANE ST MEGALL ID 83638 123 SOUTH 10TH E. MOUNTAIN HOME, ID 83647	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0070 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. CORNERSTONE FAMILY AND COSMETIC 2111 13TH ST, PLLC 610 RICK LAMM, CPA 143 E LANE ST P.O. BOX 2069 MCCALL ID 83638	
3. New Registered Agent Signature			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MEMBER	SHANE L. NEWTON, DMD, PA	123 S. 10TH E MOUNTAIN HOME, IDAHO 83647	
MEMBER	KEVIN M. ELLIOTT, DMD, PC	210 LITTLE POND CT. MCCALL, ID 83638	
5. Organized Under the Laws of: 6.		Signature: <i>[Signature]</i> Date: 1/12/09	
W 45841		Name (type or print): KEVIN M. ELLIOTT Title: PRESIDENT, KEVIN M. ELLIOTT DMD PC, MEMBER	
Revised 01/08/2009 by NLS			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.